

REMARKS

By an Office Action dated December 3, 2002 in the file of the above-identified application the Examiner rejected the application on a variety of grounds. Based on this submission, reconsideration of the merits of this patent application is respectfully requested.

The Examiner rejected Claim 1 on a variety of grounds under Section 112, second paragraph, for indefiniteness. Based on the Examiner's suggestions, the words used in Claim 1 have been reviewed and revised to use consistent terminology. The term "clinical guideline" has been used with more regularity, and the references to a particular "clinical guideline" have been made definite by using the word "single." It is believed that these changes to the claims of this application will resolve any indefiniteness under Section 112 and that this issue is therefore cured.

The rejection to Claims 6-13 for non-statutory subject matter has been made moot by the removal of those claims.

Claims 1, 3, 4 and 5, currently pending, were rejected under 35 U.S.C. Section 103 as unpatentable over Gray. In response to the amendments made above and the comments contained herewith, reconsideration of that rejection is respectfully requested.

First the applicants wish to note that Gray does not describe an electronic medical records system or a computerized patient record system as the term is used here. The system described in Gray is a medical diagnostic software system. It is an aid to helping the doctor make a correct diagnosis. The distinction, while subtle, is significant. In a system which assists in diagnosis, the system does not take action with regard to anything in the end. A diagnostic system advises the doctor as to what may happen and perhaps helps the doctor document why a particular diagnosis is made. This system of Gray does not purport to be a general electronic medical records. The difference is important when it comes to actually doing something to the patient, like ordering a procedure, a prescription or a lab test. These latter types of activities are referred to as "orders" in a medical facility.

In the Office Action, the Examiner noted correctly that Gray includes a web browser and can invoke hyperlinks. The Examiner also acknowledged that Gray does not explicitly disclose having active guidelines tag, or an active guidelines tag interpreter, to process the tag to present to hyperlink. The Examiner suggests that this is an obvious strategy since the HTML suggested by Gray, or at least the Examiner says, requires an embedded tag to instruct the browser to display appropriate text or image.

The applicants suggest here that the use of the active guidelines tag and the interpreter to interpret that tag is not in any way made obvious by Gray. The problem solved by the technique in this patent application is making the clinical guideline readily available to the clinician, and permitting rapid assembly and updates of the clinical guidelines by an institution, without having the institution being able to code the electronic medical records system. The use of the web browser to permit clinicians to browse the clinical guidelines is, arguably, made obvious by Gray. However, the idea that one could actually take the ability to create orders, encode them in a way that is presented to the user as a hyperlink is not disclosed by Gray. It is the use of the active tags and the active tag interpreter that makes this possible. Nothing in Gray suggests how a hyperlink could be used to create actual patient orders in an electronic medical record system. The system described by Gray just is not capable of this ultimate functionality.

The Examiner has cited Column 8, lines 23-26, Figure 19, Column 9, lines 43-45 and Column 10, lines 53-61 as evidence that Gray discloses making an order. The applicants contest this assertion. The system of Gray does allow a message to be sent by the user who is making the diagnosis to other users, in some way not determined. However, an "order" within the framework of a modern healthcare institution has a specific meaning. Certain kinds of things are orders, such as prescriptions, laboratory tests, referrals to specialists and diagnostic procedures. The system described by Gray does not create any of those. It does permit text messages to be sent to others in the institution, but that is different than an actual order. In fact, it requires a competent electronic medical records system in order to create orders that can be electronically transmitted within the healthcare institution.

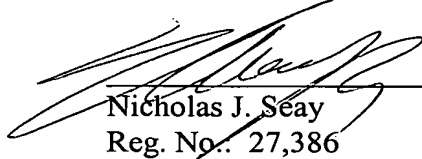
The applicants thus assert that the elements of Claim 1 are not shown by Gray nor made obvious by it. In particular, Gray does not show active guideline tags containing codes for actions to be taken by the computerized patient records system. Gray does not show displaying for the user a hyperlink which is associated with one of the active guideline tags which is in turn associated with one of the clinical guidelines. Gray does not show that when a clinician selects the hyperlink that the active guideline tag is processed to create an actual order within the healthcare institution. It is submitted that Gray does not permit the use of a hyperlink and a browser to create orders within electronic medical records system and is therefore does not make obvious the achievement of the applicants here.

New Claim 14 has been submitted to provide another verbal formulation of essentially

the same subject matter claimed in Claim 1. It is believed that this claim is also not obvious over the prior art.

Based on the amendments to the claims made above and the arguments presented herewith, reconsideration of the merits of this application is respectfully requested. A petition for extension of time is submitted herewith so that this response will be considered as timely filed.

Respectfully submitted,



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